



DIVISION OF CHILD CARE AND EARLY LEARNING  
**SCHOOL-AGE CHILD CARE CENTERS**  
**MONITORING CHECKLIST**

FACILITY NAME		CAPACITY	MONITORING DATE
STREET ADDRESS		CITY	STATE ZIP CODE
EVALUATOR'S NAME		OFFICE	TELEPHONE NUMBER
<b>CODES</b> <b>NA</b> - Not applicable <b>D</b> – Discussed <b>O</b> - Observed <b>C</b> – Compliance <b>N</b> – Noncompliance <b>W</b> - Waiver exception granted			
<b>POSTING</b>			
___	1. Licensed visibly posted. (WAC 388-151-500)		
___	2. Emergency numbers posted. (WAC 388-151-500)		
___	3. Menu that reflects appropriate meal patterns posted. (WAC 388-151-500)		
<b>RECORD KEEPING</b>			
___	4. Documentation of monthly fire drills. (WAC 388-151-460)		
___	5. Maintains sign in/out sheets for parent signature. (WAC 388-151-460)		
___	6. Child records complete based on sampling of files (see page 2). (WAC 388-151-450)		
___	7. Provider in compliance with insurance requirements. (RCW 74.15.340)		
<b>MEDICATION AND FIRST AID</b>			
___	8. Staff present in each area with current CPR/First Aid card. (WAC 388-151-470)		
___	9. Medications and toxics safely stored. (WAC 388-151-230, 280)		
___	10. First Aid supplies are available. (WAC 388-151-310)		
<b>GENERAL SAFETY AND SANITATION</b>			
___	11. Premises are safe, sanitary, free of hazards and in good repair. (WAC 388-151-280)		
___	12. Outdoor play area free of any dangerous condition. (WAC 388-151-320)		
___	13. Staff routinely wash hands, surfaces, and equipment. (WAC 388-151-220)		
<b>STAFFING</b>			
___	14. Children are within continuous visual <u>or</u> auditory supervision. (WAC 388-151-120)		
___	15. Staff understand mandatory child abuse/neglect reporting requirements. (WAC 388-151-200, 480)		
___	16. Staff/child ratios are within licensing standards: (WAC 388-151-190) Group size: _____ Child/staff ratio: _____		
___	17. Staff positively interacts with, disciplines, and guides children. (WAC 388-151-120, 130) Use child care interaction guidelines in the Methods and Policies (MAP) to assess stated child interaction.		
___	18. New director or site coordinator has submitted required documentation, if applicable. (WAC 388-151-180)		
<b>PROGRAM, ACTIVITIES, AND ROUTINES</b>			
___	19. Current, written, developmentally appropriate activity scheduled and planned. (WAC 388-151-100)		
___	20. Daily routines provide children with a variety of options including large and small muscle activities. (WAC 388-151-100)		
___	21. Learning and play materials: (WAC 388-151-110) ___ sufficient quantity    ___ developmentally appropriate    ___ accessible    ___ culturally relevant		
___	22. Outdoor play equipment promotes child's active play, physical development, and coordination. (WAC 388-151-320)		
___	23. Activity observed (if additional space is needed, use "Observations," page 2):		
LICENSEE'S SIGNATURE		DATE	EVALUATOR'S SIGNATURE DATE

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FACILITY NAME	MONITORING DATE
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## **CHILDREN'S FILES (RANDOMLY REVIEW FIVE (5) FILES)**

CHILD'S NAME	ENROLLMENT APPLICATION	HEALTH CARE PROVIDER	HEALTH HISTORY	IMMUNIZATIONS	MEDICAL CONSENT	MEDICATION AUTHORIZATIO	MEDICATION DISPENSED	PHYSICAL EXAM DATE	PERSONS WHO CAN REMOVE CHILD
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **CENTER STAFF QUALIFICATIONS (RANDOMLY REVIEW FIVE (5) STAFF FILES)/REVIEW FAMILY HOME PROVIDER/ASSITANT FILE**

PROVIDER'S/ASSISTANT'S STAFF NAMES	EMPLOYMENT APPLICATION	AGE	CRIMINAL HISTORY CHECK	TB TEST	HIV/AIDS TRAINING	CPR CARD *	FIRST AID *	FOOD HANDLER'S PERMIT *	PROGRAM ORIENTATION *
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* If applicable only.

OBSERVATIONS